DOCUMENT RESUME

ED 040 532 EC 005 817

TITLE	Handbook for Administrators: A Guide for Programs for the Mentally Retarded.
INSTITUTION	Tennessee State Dept. of Education, Nashville.
PUB DATE	70
NOTE	58p.
EDRS PRICE	EDRS Price MF-$0.50 HC-$3.00
DESCRIPTORS	*Administrator Guides, Educable Mentally Handicapped, Educational Programs, *Exceptional Child Education, *Mentally Handicapped, *Program Administration, Program Evaluation, *State Programs, Trainable Mentally Handicapped
IDENTIFIERS	Tennessee

ABSTRACT

Guidelines are provided for the development and operation of Tennessee programs for the mentally handicapped. Information on the two separate educable and trainable programs covers goals, administration, and instructional program. Guidelines for evaluation are also presented; a list of services is appended. (JD)

PRINTED BY THE STANDARD REGISTER COMPANY, U. S. A.

FORM C801

ED040532

HANDBOOK FOR ADMINISTRATORS

A GUIDE FOR PROGRAMS FOR THE MENTALLY RETARDED

SPONSORED BY TENNESSEE STATE DEPARTMENT OF EDUCATION
BUFORD ELLINGTON, GOVERNOR • J. H. WARF, COMMISSIONER

EC005817

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HANDBOOK

for

ADMINISTRATORS

. . . A Guide for Programs

for the Mentally Retarded

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

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TENNESSEE
STATE DEPARTMENT OF EDUCATION
DIVISION OF INSTRUCTION
AREA OF SPECIAL EDUCATION
1970

Foreword

The people of Tennessee are committed to the policy of providing educational opportunities that are commensurate with each child's abilities and needs. To help accomplish this, support is provided local school systems through the Minimum Foundation School Program. Additional support is available for special programs. Programs for the mentally retarded may be provided by local school systems. They are a part of the total educational program and, therefore, a direct responsibility of the local school system.

Rules, Regulations, and Minimum Standards of the Tennessee State Board of Education provides a framework for the establishment and maintenance of all programs in the public schools. This handbook has been developed to supply further guidelines for the establishment, maintenance, and improvement of programs for the mentally retarded. It has been designed to give a basic orientation for all personnel with assigned responsibilities in such programs. We believe that this publication will serve as a source of information for those who are particularly interested in programs for mentally retarded children.

J. H. Warf
Commissioner

Preface

This handbook is designed to provide specific guidelines within which appropriate programs for the mentally retarded can be established and maintained. These guidelines should increase the similarity among programs throughout the state and facilitate pupil adjustment when there is a change of schools or school systems. This handbook should lead to greater continuity between levels of instruction and should help educators acquire a better understanding of the pupil competencies which should be developed at all levels of instruction.

Educators from all geographical areas of the state were involved in the development of this handbook. Five regional meetings, involving about seventy-five people, were held to sample local needs and concepts. Representatives from these regional meetings met at Montgomery Bell State Park to further develop this handbook.

The Department of Education acknowledges the valuable assistance rendered by local school systems and individuals in the preparation of this handbook. Special acknowledgment is given to the following:

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INTRODUCTION

Exceptional Children

The term "exceptional" is used to describe pupils whose educational needs are different from those of the majority of children. These children are considered to differ in physical, mental, and emotional characteristics to such an extent that opportunities for optimal adjustment and progress are not provided in school programs which are designed for the majority of pupils. These children need special instruction and other services to effectively provide for individual needs and abilities.

The term "exceptional children" shall be construed to include children of school age and under twenty-one years of age of educable mind, whose bodily functions or members are so impaired that they cannot safely or adequately be educated in the regular classes of the public schools without special educational services, and to include children of school age and under twenty-one years of age who are psychologically exceptional, and to include children of preschool age down to and including the age of three years, who are deaf (Tennessee Code Annotated, Section 49-2901).

Physically handicapped children shall include those who suffer from any physical condition, either congenital or acquired through disease or accident, that impedes their educational progress in the usual classroom situation.

The term "psychologically exceptional child" shall be construed to include the mentally superior, the mentally retarded, the emotionally disturbed, and children with specific learning disabilities. Mental retardation refers to individuals who have or develop a handicap in their intellectual functioning during their developmental years which impairs their ability to think and act as effectively as the average person of the same age.

Legal Basis

The people of Tennessee have accepted the responsibility of providing an equal educational opportunity for all children. This means that an effort must be made to provide educational opportunities that are commensurate with each child's abilities and needs.

Acting on this concept, the General Assembly of Tennessee made the first state appropriation for Special Education in 1947. Each legislature since 1947 has recognized the importance of this program and has provided funds for expanding the services. The Public Acts for this comprehensive program of services to exceptional children are in Tennessee Code Annotated, Volume 9, Chapter 29, Sections 49-2901 - 49-2902. In this section the exceptional child is defined and the powers of the State Board of Education are given.

The State Board of Education in implementing public school laws has continuously revised its Rules, Regulations, and Minimum Standards to provide for the expansion and improvement of services to exceptional children as well as to children in the regular school program.

Services for exceptional children are permissive and are established through the initiative of the local school system. It is the responsibility of each local school system to recognize the needs of exceptional children and to make provisions for meeting their educational needs. Special education programs are a part of the total educational program and, therefore, a direct responsibility of the local board of education and superintendent. Special education should be a part of, rather than apart from, the total school program.

The Mentally Retarded

as

Exceptional Children

The President's Panel on Mental Retardation (1962) defines the mentally retarded as "children and adults who, as a result of inadequately developed intelligence, are significantly impaired in their ability to learn and to adapt to the demands of society."

The American Association on Mental Deficiency (1961) refers to mental retardation as "subaverage general intellectual functioning which originates during the developmental period and is associated with impairment in adaptive behavior." This definition is developmental in approach and is a description of present behavior. Under this definition, all of the above-mentioned conditions must be present before a person can be classed as mentally retarded.

In Tennessee the mentally retarded are a part of the large category of psychologically exceptional children. The State Board of Education is in general agreement with the AAMD definition and states that: "Mental retardation refers to individuals who have or develop a handicap in their intellectual functioning during their developmental years which impairs their ability to think and act as effectively as the average person of the same age."

In order to establish and operate an appropriate educational program which meets the needs of the mentally retarded, it is necessary to have some knowledge and understanding of the intellectual, social, emotional, and physical characteristics of these children. It should be emphasized that no one child will have all of these characteristics. It should also be pointed out that, while these children differ from normal children in some respects, they are more like normal children than they are unlike them.

These children are not able to make adequate progress in the regular school program. Many of them are not identified until they reach school age and are unable to achieve academically. If left in the regular grades, they are pressured to achieve academically above their capacity; and they are often socially unacceptable. They frequently experience so much defeat and rejection in the regular grades that they acquire negative attitudes about themselves, teachers, school, and society. Because of this, motivating these children to learn becomes extremely important.

Retarded children function more like children who have the same mental age than like those with the same chronological age. They may have interests that are more characteristic of younger children, and they often seek the company of younger children. This relationship may seem inappropriate but is probably in keeping with their level of mental development.

These children are limited in making adequate social judgments; and, because of their desire for group acceptance, they tend to be highly suggestible. Retarded children often develop undesirable behavior patterns to compensate for the repeated failures that they experience in social and educational situations. It must be emphasized that retardates have the same basic emotional needs as normal individuals. They need to feel wanted, they need to feel loved, and they need to have a sense of belonging.

Physically these children tend to be slightly lighter in weight and slightly shorter in stature than the average, and they are usually somewhat more handicapped in motor skills. These children often have a history of lateness in reaching various levels of physical development. Those who are classified as cultural-familial are usually superior in physical characteristics to those who are neurologically impaired.

Special class placement for retarded children makes it possible to provide a more appropriate curriculum which emphasizes the development of social and vocational skills as well as the acquisition of meaningful academic skills. There is more opportunity for individual instruction since enrollment is much less than that of a regular class. Unrealistic pressure to achieve academically can be reduced and experiences can be more in keeping with the ability of the child.

The challenge for the schools is to help these children acquire the skills and competencies needed to make satisfactory occupational, community, and family adjustment.

P A R T I

PROGRAM FOR EDUCABLE MENTALLY RETARDED

Goals of the Educational Program

Education for the educable mentally retarded is the same as education for all children. The aim is the optimum development of the individual so that he can live better and become a contributing member of his community. An appropriate educational program should emphasize the mastery of meaningful academic skills, increase communicative skills, and provide training in skills and social competencies which will enable him to obtain and hold a job.

Administration of the Program

Identification

Screening and Referral. The process of screening and referring these children is usually begun by teachers, other school-related persons, parents, or physicians because of lack of normal progress in mental, social, or educational growth. The primary responsibility for screening, referral, and follow-up rests with the principal of the school the child attends. Referral may be based on several factors such as:

1. Failure to make normal school progress.
2. Low performance on group intelligence tests.
3. Low scores on group achievement tests.
4. Unusual behavior patterns.
5. Social or emotional immaturity.
6. Delayed developmental history or irregularity in development.

It is essential that the parents be consulted at the time of referral. The person who is probably best suited to do this is the child's classroom teacher. At this initial conference it should be explained to the parents that additional information is needed to help determine the appropriate educational program for the child. The emphasis here should be on the child and his need for special help and not on the possibility of special class placement. Referral and evaluation procedures should be described to the parents at this point. Another conference with the parents should be held to interpret the results of the evaluation. The person conducting this conference should understand the total school program as well as the special education program and should be able to relate to both children and parents. All contacts should be made with the knowledge and approval of the principal.

The medical examination is one factor in determining eligibility for admission to a program for educable mentally retarded. This examination should identify any physical impairments which may contribute to the child's learning difficulties. Corrective measures should be taken when recommended by the physician. Physical examinations may be done by a licensed private physician or the local Public Health Department.

A psychological evaluation must be provided to assess the child's current intellectual functioning. A description of classroom performance and behavior of the child as well as the medical information will assist the psychologist in evaluating the child. The psychological report should describe the current educational, emotional, and psychological needs of the child. In addition to test scores, the report should provide specific educational direction. Time should be provided for the psychologist to have a conference with parents, teacher, principal, etc. Psychological evaluations may be obtained through the State Department of Education, local Mental Health Centers, approved psychologists employed by local school systems, approved private psychologists, and approved psychological examiners.

Eligibility and Placement. Eligibility of psychologically exceptional children for special education services is determined on the basis of psychological evaluation, medical diagnosis and information, and educational and social evaluations. No single characteristic will be utilized as the sole determining factor.

To be eligible for placement in a special class for the educable mentally retarded, a child must have a level of mental ability which ranges between 50% and 75% of average normal intelligence as determined by a qualified psychologist or psychological examiner, and whose other abilities as determined by medical examination, social and educational evaluations would justify such placement. No child should be placed in a special class until legal eligibility has been established.

In determining whether special class placement is appropriate for a child, many factors should be taken into consideration. Some of these factors are:

1. Severity of child's need.
2. Academic achievement and social adjustment of the child.
3. Recommendations of the psychologist or psychological examiner.
4. Parental approval in making the decision and involvement of the child where feasible.
5. Composition of available classes (age, level of functioning, class size, etc.).
6. Distance involved and availability of transportation to an appropriate class.

The teacher of an existing class is the person most familiar with the children in her class. Her opinion would be valuable in determining whether an eligible child would be appropriately placed in her class. For example, if the children are functioning on a second and third grade level, the addition of a child who is functioning at the kindergarten level would be inappropriate.

Periodic re-evaluation of children in the program should be provided at least every three years.

A placement committee composed of people who have knowledge of the child and of programs available within the school system has been found to be quite effective. This committee can make placement recommendations to the superintendent and make provision for further evaluation and services when needed. The committee should make periodic evaluation of each child's progress and recommend changes in the educational program if indicated.

When eligibility has been established and placement has been recommended, approval shall be obtained from the State Department of Education.

Class Size

A teaching position is determined on the average for the first three months of the current school year. There must be a minimum of ten eligible children in average daily attendance to earn a full teaching position for educable mentally retarded children.

The State Board of Education sets no maximum enrollment, but it should be emphasized that the purpose of the class is defeated when the enrollment becomes too large. Justification must be made for enrolling more than eighteen children in an EMR class at any one time. Recommended class size is as follows:

Primary	12 - 14 children
Intermediate	12 - 16 children
Junior High	12 - 16 children
Secondary	12 - 16 children
Cooperative Schools Program	14 - 16 children

Organization of Levels of Instruction

In many school systems programs were begun with the establishment of one or two classes. As interest and realization of the need increased, more classes were started; and it then became possible to organize these classes to provide different levels of instruction. This arrangement permitted the placement of children according to their age and level of functioning. It is recognized that local school systems are at various stages in their program development. In many instances the number of classes and the distances involved do not make this arrangement practical. The recommended organization of levels of instruction is presented knowing that it will not always be feasible to follow this pattern.

1.	Preschool		
2.	Primary	CA 6 - 8	MA 3 - 6
3.	Intermediate	CA 9 - 11	MA 4 - 9
4.	Junior High	CA 12 - 15	MA 6 - 11
5.	Secondary	CA 16 - 21	MA 8 - 14+

Chronological age should be the initial basis for moving students from one level to another; but other factors that should be considered are level of functioning, physical development, social adjustment, and emotional adjustment.

These classes should be an integral part of the total school program. The children in these classes should be included in as many of the school activities as possible. They should be integrated into some classes in the regular school program, if, where, and when it will benefit the child.

The Cooperative Schools Program is presented through the cooperative efforts of the Division of Instruction and the Division of Vocational Rehabilitation. The purpose of this program is to provide a vocationally-oriented curriculum which can serve to better prepare the mentally retarded and other handicapped individuals for the competitive labor market; while at the same time, providing more appropriate subject matter. School systems interested in this plan should contact the Division of Vocational Rehabilitation for further information.

The Teacher

Regulations for certificate endorsement for teachers of educable mentally retarded have been established by the Tennessee State Board of Education.

"An applicant for endorsement in educable mentally retarded shall have completed a minimum of 60 quarter hours in the General Education Core plus 36 quarter hours of Professional Education, including at least 3 quarter hours of supervised student teaching in the regular grades and 3 quarter hours in educational measurement and evaluation. Not less than 9 quarter hours and not more than 15 quarter hours in Psychological Foundations of Education shall be included. The applicant shall have completed at least 21 quarter hours in the following specialized preparation:

1. Survey course in exceptional children (required)
2. Specialized course work in mental retardation
   a. Nature and needs of mentally retarded, including interpretation of psychological tests (required)
   b. Educational procedures for educable mentally retarded, including curriculum, methods, and materials (required)
   c. Speech and language development
3. One of the following required:
   a. Supervised student teaching of mentally retarded children
   b. A statement from the teacher education institution indicating the applicant has obtained 90 clock hours of practicum with mentally retarded children
   c. A statement from the school administration that the applicant has completed 2 years or more of successful specialized class teaching experience with educable mentally retarded"

Due to the insufficient number of teachers with certificate endorsement in educable mentally retarded, many school systems employed teachers who did not meet these requirements. Many of these teachers now have certificate endorsement, but there are others who still have not completed the requirements. Local school systems should insist that these teachers work toward completion of certificate endorsement as a basis for re-employment. Providing appropriate instruction to educable mentally retarded children requires all the skills and competencies of the regular classroom teacher plus training in special methods and materials. If these children cannot be provided with the type of instructional program that they need, they may be as well or better off in the regular classroom. In order to provide appropriate programs for the educable mentally retarded, no new classes should be started unless teachers can be provided who have certificate endorsement in the area of educable mentally retarded.

The teacher selected to work with educable mentally retarded children should have leadership ability, a pleasant personality, adaptability, and flexibility. She needs to have an acceptance of, an interest in, and the ability to relate to children with handicapping conditions. Her competencies should include:

1. Understanding the child and his deviations.
2. Competence in curriculum adjustment and special teaching methods.
3. Competence in counseling and guiding children with problems arising from their handicaps.
4. Ability to select and use specialized equipment and materials.
5. Technical knowledge in the special area.
6. Ability to use tests and records.
7. Ability to work with adults and organizations.
8. Understanding of secondary deviations or multiple handicaps.

Curriculum

Each local school system must develop courses of study or curriculum guides for all instructional areas. These curriculum guides must meet the educational, social, and emotional needs of the pupils. Educational experiences must be provided in the following areas of instruction: the arts (music and art), health and physical education, language arts, mathematics, science and conservation, social studies, and vocational education.

Rules, Regulations, and Minimum Standards states that "the curriculum for exceptional children shall be an integral part of the general curriculum of the school. Provision shall be made for instruction in the seven (7) instructional areas with changes and adaptations to meet the needs and abilities of the individual exceptional child."

Physical Facilities

All physical facilities used for classes for educable mentally retarded children must meet the requirements specified in Part III of Rules, Regulations, and Minimum Standards of the Tennessee State Board of Education.

Classes for educable mentally retarded should be housed in a regular school building so that these children can have as many contacts and activities as possible with children in regular classes. When these children reach adulthood, they are expected to become productive and contributing members of society and to assume their roles with the normal population. If they are isolated for their educational program, they have more difficulty acquiring the competencies and skills which are needed for acceptance in our society.

Facilities for the educable mentally retarded should be equal to and as accessible as those used by regular classes. More space per child is needed in classes for the mentally retarded than is needed for children in regular classes because of the individualized instruction and the varied activities which should be planned for these children. Suitable furnishings should be provided to meet the needs of the individual students. Primary classrooms should be provided with adequate storage space, wash basins, and restroom facilities. Secondary classrooms should have adequate storage space and wash basins.

State Support

Educable mentally retarded children are eligible for services and funds on the same basis as all other children in the school system. They are included in the ADA of a school and in the total ADA for the school system and are entitled to Minimum Foundation Program Funds on the same basis as other children in the school system.

In addition to this, the school system may claim Excess Cost Funds for eligible children not to exceed three hundred dollars per year per exceptional child.

1. Local boards of education may be reimbursed for approved expenditures for special equipment, materials, and supplies. The maximum amounts allowed are one hundred dollars for an old EMR class and two hundred fifty dollars for a new EMR class.
2. Local boards of education may be reimbursed for pre-approved expenditures for special transportation. Approval for special funds in transportation is granted on an individual basis, after consideration of the type of service necessary, the availability of equipment for this service, and the need for this type of service. Special transportation service must meet the requirements as established by the State Board of Education. (See Part IV, Rules, Regulations, and Minimum Standards).

Other Personnel

Role of the Superintendent. In Tennessee, the superintendent is responsible for the overall guidance and continual evaluation of the total school program. Only school board action as implemented by the superintendent can establish programs for educable mentally retarded at the local level. Responsibilities of the superintendent include:

1. Insuring that provisions are made for meeting the educational needs of exceptional children.
2. Developing positive attitudes toward special education programs.
3. Staffing special education programs with personnel who have certificate endorsement in the area of the educable mentally retarded and who have the competencies recommended (see "The Teacher").
4. Providing adequate financing, appropriate facilities, and necessary equipment, materials, and supplies.

Role of the Supervisor. He assumes those responsibilities for special education which are delegated to him by the superintendent. These responsibilities might include:

1. Developing appropriate screening, referral, and placement procedures.
2. Securing necessary data to establish eligibility.
3. Establishing and implementing an appropriate instructional program.
4. Assisting with decisions concerning the provision of appropriate facilities, equipment, materials, and supplies.
5. Assisting teachers and parents in providing needed services for handicapped children.
6. Developing evaluation techniques and procedures related to individual pupil progress as well as to the effectiveness of the total program for the educable mentally retarded.
7. Using appropriate techniques to improve and expand existing programs and services.
8. Developing and maintaining lines of communication.
9. Developing and maintaining good working relationships with public agencies, private agencies, and other community groups.

Role of the School Principal. The school principal is responsible for all programs serving children in his school. This includes providing direct supervision to those special education teachers within his school. He is responsible for seeing that special education is an integral part of the total school program. Other responsibilities might include:

1. Assisting the supervisor and teacher in providing an appropriate instructional program.
2. Placing the special education students in the mainstream of student activities (both academic and nonacademic) where feasible.
3. Assisting in developing and implementing appropriate screening, referral, and placement procedures.
4. Helping with the collection of information necessary to establish eligibility.
5. Assisting with decisions related to the provision of appropriate facilities, equipment, materials, and supplies.
6. Developing evaluation techniques and procedures relating to individual pupil progress as well as the effectiveness of the total program for the educable mentally retarded.
7. Developing and maintaining good working relationships between school personnel, public and private agencies, and other community groups.
8. Securing other services needed by handicapped children.

Role of the Counselor. The counselor has the responsibility of providing needed services to children in special education programs as well as to children in the regular program. He can assist in the interpretation of the program to parents, community, etc.

Role of the Psychologist. The psychologist is responsible for the administration of a psychological evaluation which helps determine eligibility for special education services. He recommends the type of educational program which he feels the child needs. He can provide specific directions for the educational program. He schedules case conferences to share his findings with parents and school personnel.

Role of the State Department of Education. The State Department of Education, Division of Instruction, Area of Special Education provides leadership for the establishment, maintenance, and operation of programs for the educable mentally retarded.

The Area of Special Education provides personnel at the regional level to assist and support local school systems in the planning, establishment, operation, evaluation, expansion, and upgrading of programs for the educable mentally retarded within the framework of the Rules, Regulations, and Minimum Standards of the Tennessee State Board of Education. Leadership is provided in the collection, evaluation, and dissemination of information concerning promising practices in the field of mental retardation throughout the State.

Ancillary Personnel. Attendance teachers, school social workers, school nurses, and other school personnel have competencies which could be helpful in providing services to the educable mentally retarded. The extent of the services that these school personnel will provide depends upon the responsibilities assigned by the local school system. It is

suggested that the local school system give consideration to a planned involvement of all appropriate school personnel in the special education program.

Trends in Providing Services to the Educable Mentally Retarded

Many children are on waiting lists because there is an insufficient number of teachers to staff enough classes. Many special education classes are not providing the type of program that the children need. Such factors as these have caused many educators to look for other ways of meeting the educational needs of educable mentally retarded children. Some of the ways which have shown promise will be discussed here.

Resource Rooms or Itinerant Positions. With this type of arrangement the children remain in the regular classroom and receive specialized help from the special education teacher on a regularly scheduled basis. The purpose is to keep the child with his peer group in the regular classroom while giving him special help so that he can function as well as possible. The special education teacher can also work with the regular classroom teacher in helping her meet the educational needs of the child. This technique appears to be more effective with mildly retarded children than with those who are moderately retarded.

Transition Class. This type of class is designed to bridge the gap between the special education class and the regular class. Emphasis is placed on skills the child will need in the regular classroom. This emphasis helps the more capable children make the transition. The transition class is more effective with higher level retardates than with those who are moderately retarded.

Preschool Class. The importance of early childhood education is being emphasized and more handicapped children are being identified at an early age. The provision of an appropriate preschool program can help these children acquire the competencies needed.

Aides in EMR Classes. Aides have been found to be satisfactory in assisting the teacher in nonteaching duties such as clerical work, record keeping, preparation of teaching materials, and supervising some activities. Aides must have not less than a high school education or an equivalency high school diploma. They shall have had some experience so that with appropriate training they may serve in the specific role for which they will be employed. Local school systems should develop their own guidelines for the use of aides.

Some other practices which have implications for improving programs for educable mentally retarded children are:

1. Comprehensive schools.
2. Work-study programs.
3. Teacher training which is moving toward all teachers having some training in dealing with the handicapped.
4. More coordination with other agencies in providing services.
5. Team-teaching.
6. Nongrading.
7. Instructional materials centers (IMC).

Instructional Program

Guidelines for Teaching

Knowledge of the child as an individual is one of the first prerequisites for successful teaching. The teacher should evaluate each child to determine his strengths, weaknesses, attitudes, and interests. After finding out where the child's interests and abilities lie, the teacher should plan an instructional program which meets the educational needs of the individual child. Sources of information should include psychological evaluations, cumulative records, medical records, social workers' reports, and other pertinent information from home, school, and community.

It is generally recognized that many of the methods of instruction which are used with normal children are not effective with retarded children. Special techniques and methods must be used in providing an appropriate educational program. Some guidelines for more effective teaching of these children are presented here.

1. Instruction must be structured, systematic, and sequential rather than incidental.
2. Material must be presented at the developmental level of each child.
3. Material to be learned must be presented in a variety of ways.
4. Instruction must provide for application of learned skills.
5. Learning must be reinforced by using a variety of sense modalities.
6. Material should appeal to the child's interest and level of functioning.
7. Life-like activities and situations should be stressed.
8. Concrete materials should be used to increase understandings of more abstract facts.

A teacher will find the mental age (MA) of more value than the IA in planning an appropriate instructional program for a child. IQ is an indication of the child's rate of development while MA will tell at approximately what level the child should be functioning. A child whose MA is 9 should be achieving at about the same level as a normal child of 9 although his chronological age (CA) may be 12 or 13. When a teacher knows the mental age of a child, she can easily convert this to his corresponding grade capacity by applying the Rule of Five. Five (5) subtracted from the MA equals the grade capacity (GC) at which a child has the intellectual capacity to function: GC = MA - 5. Thus, a child whose MA is 9 should be working at about the fourth grade level. It must be remembered that the correlation between mental age and academic achievement is far from perfect; however, it does give a basis upon which to make an estimate. A teacher can calculate the current MA of each of her pupils when she knows the IQ and CA. This should be done at the beginning of each school year in order to plan a program geared to the level of each child. Mental age may be computed by using the following formula: $MA = \frac{IQ \times CA}{100}$.

General Goals

The development of independent living skills is the broad goal of the educational program for the educable mentally retarded. This goal is achieved through providing experiences which will develop social and vocational competence for adulthood. In helping students attain this goal, the teacher will try to:

1. Help students attain the competencies and understandings needed to become cooperating and contributing members of society.
2. Help each student develop positive attitudes toward himself, society, and his role in society.
3. Help each student acquire those academic, social, and occupational skills which will be of value to him in his life situation.
4. Help students learn to use basic academic, social, and occupational skills by providing basic realistic life experiences.
5. Help students develop an interest and ability in planning appropriate leisure-time activities.
6. Help each student recognize and practice good health habits which contribute to sound physical development.

Curriculum

A curriculum guide is an organized plan for implementing the general goals of the program. It must be sequential so that there is orderly and systematic progress from one level of instruction to the next. It must be flexible and must be developed in such a way that it will meet individual as well as group needs. In developing a curriculum, consideration should be given to the following:

1. The general goals of the educational program.
2. The demands society will make on each individual as a worker and a social being.
3. The skills, knowledge, and attitudes needed to enable each individual to meet the expectations of society.
4. The sequence to be followed in developing learning experiences so there will be systematic and orderly progress.

After major curriculum goals have been established, a sequence of specific objectives or subgoals must lead to the attainment of each major goal. These subgoals must have sufficient scope to encompass all learning experiences thought to be necessary for the attainment of a major goal. Activities are then planned in a sequential order so that these subgoals may be reached.

Many of the subgoals or objectives for the educable mentally retarded may be included in four major curriculum areas: (1) communication skills, (2) social competencies, (3) number concepts, and (4) perceptual and motor skills. In addition to these major areas, the curriculum should include related areas at the appropriate levels of instruction.

Communication skills include listening, speaking, reading, writing, and spelling. Emphasis should be on the development of practical skills of basic communication. In helping students attain some proficiency in these skills, the teacher will:

1. Help the children improve the ability to communicate through written and oral language so that needs and desires may be understood.
2. Emphasize listening skills (receptive language) as well as speaking skills (expressive language).
3. Help the children develop functional reading skills.
4. Provide learning experiences which will enlarge the vocabulary.
5. Provide activities to improve auditory discrimination and memory.
6. Provide experiences which improve oral communication.

Social competencies include the skills and understandings needed to function as a social being in the home, the school, and the community. This includes citizenship, health habits, safety practices, etc. The emphasis should be on developing social competencies rather than studying about them. The teacher should develop a program which:

1. Helps each child develop a realistic self-image.
2. Helps each child learn to live acceptably with others in the home, the school, and the community.
3. Provides opportunities for the child to learn to travel efficiently in his environment.
4. Encourages appropriate recreational activities.
5. Encourages art and music appreciation.
6. Develops social abilities which enable the child to function adequately as a member of society.
7. Helps each child develop good habits of personal grooming.

Number concepts include the use of numbers, practical arithmetic, and related activities. Emphasis should be given to the following areas:

1. Increasing the student's abilities to understand number concepts through concrete, applicable, and realistic experiences.
2. Practical arithmetic skills such as measurements, money values, and telling time.
3. Providing skills in money management such as budgeting, payment of bills, installment buying, and necessary living expenses.

Perceptual and motor skills include the development of those skills which enable the student to use his body in an efficient manner. The aim is to improve the basic motor skills and fundamental body movements and to improve general health. Emphasis should be on such things as:

1. Providing activities which give the student the ability to relate more effectively to the world around him.
2. Providing training to enable progression from gross to fine motor skills.
3. Providing training to develop more adequate visual-motor coordination.
   a. Body image.
   b. Position in space.
   c. Establishment of dominance.
   d. Laterality and directionality.
   e. Eye-hand coordination.
   f. Form perception and discrimination.
   g. Figure-ground relationships.
   h. Closure (ability to close or complete a situation).
4. Providing activities to help the pupils improve health and general physical fitness.
5. Providing experiences which encourage success, cooperation, and democratic human relationships.

Curriculum Content at Each Level of Instruction

Primary Level. Children at the primary level will have chronological ages of 6, 7, or 8 years and mental ages ranging from about 3 to about 6 years. This level of instruction is a pre-readiness and readiness level with emphasis on sense and motor training and on the development of social competencies and language. The curriculum at this level should include the following:

1. Communication skills.
   a. Language development including listening and speaking skills, auditory discrimination, memory and association.
   b. Pre-reading skills including visual discrimination and memory.
   c. Pre-writing skills including visual-motor coordination.
   d. Attaining readiness for reading and writing.
   e. Improvement of speaking vocabulary.
2. Social competencies.
   a. Each child understanding himself as he relates to the home, the family, and the school.
   b. Learning some basic aspects of health and safety.
   c. Awareness of simple current events.
   d. Developing independent work habits.
   e. Completing assigned tasks.
   f. Following simple instructions.
   g. Participating in group experiences of playing and sharing.
   h. Developing self-care skills.
   i. Knowing and observing rules of classroom and school behavior.
   j. Knowing how to get about the neighborhood safely.

3. Number concepts.
   a. Developing pre-arithmetic skills including an understanding and use of numbers.
   b. Developing basic concepts of time, money, and measurement.
   c. Developing concepts of comparison such as more and less, large and small, long and short, group, etc.
4. Perceptual and motor skills.
   a. Developing control of large muscle movements and beginning to control small muscle movements.
   b. Encouraging large motor activities such as walking, running, skipping, climbing, etc.
   c. Developing body orientation such as body image, position in space, etc.
   d. Developing manipulative skills through the use of crayons, pencils, buttons, zippers, scissors, etc.
   e. Encouraging the development of sequential skills such as movement from top to bottom, left to right, order, etc.
   f. Providing sense training--smell, touch, taste, hearing, etc.
   g. Developing eye-hand coordination.
   h. Beginning instruction in skills needed for team games and group activities.

Intermediate Level. Children at the intermediate level will have chronological ages of 9, 10, or 11 years and mental ages ranging from 4 1/2 to about 9 years. At this level, instruction in basic skills is begun along with a broadening and strengthening of the social competencies. The curriculum at this level should include the following:

1. Communication skills.
   a. Continuation of listening and speaking skills.
   b. Improving auditory discrimination and memory.
   c. Developing ability to express thoughts orally.
   d. Beginning instruction in reading, writing, and spelling with pre-readiness activities continued as needed.
   e. Simple signs, labels, etc.
2. Social competencies.
   a. Continuation of primary level.
   b. Developing feelings of self-worth.
   c. Developing the ability to accept and profit from constructive criticism.
   d. Learning to respect authority and the rules and laws of society.
   e. Learning to respect the property of others in the home, neighborhood, and community.
   f. Each child understanding himself as he relates to the home, the family, the school, and the community.
   g. Understanding the importance of cleanliness.
   h. Following appropriate safety rules.
   i. Developing some understanding of current events.

3. Number skills.
   a. Understanding the standard arithmetic vocabulary.
   b. Understanding simple addition and subtraction of objects.
   c. Name and know the value of coins and some bills.
   d. Using the clock and calendar.
   e. Using addition and subtraction in solving problems arising out of concrete situations in his environment.
   f. Using some standard measures.
4. Perceptual and motor skills.
   a. Continuation of skills and activities begun at the primary level.
   b. Introducing folk games, creative dancing, marching, etc.
   c. Encouraging fine motor activities such as painting, sewing, and weaving.
   d. Participating in low organization games.
   e. Continue sense training on more advanced levels.

Junior High Level. Children at the junior high level will have chronological ages of 12, 13, 14, or 15 years and mental ages ranging from 6 to about 12 years. At this level, the curriculum should consolidate social and academic learning and should make possible the application of this learning to prevocational training and homemaking skills.

1. Communication skills.
   a. Enlarge vocabulary.
   b. Use oral language acceptably in social situations such as the telephone.
   c. Read an increasing variety of materials including newspapers, magazines, and comic books.
   d. Use catalogues, telephone directories, dictionaries, road maps, and city maps.
   e. Read labels, directions, and recipes.
   f. Write legibly and accurately in manuscript form.
   g. Develop some competency in writing simple business and friendly letters.
2. Social competencies.
   a. Use good grooming, appropriate dress, and good health and safety practices.
   b. Know and use appropriate behavior in social situations.
   c. Be truthful, dependable, and tolerant.
   d. Develop acceptable boy-girl relationships.
   e. Know and appreciate the components of good family life.
   f. Share responsibilities in group activities.

3. Occupational readiness.
   a. Understanding the importance of good work habits.
   b. Knowing how to explore job opportunities.
   c. Knowing how to obtain and hold a job.
   d. Knowing how to obtain a work permit, health permit, and social security card.
4. Homemaking readiness.
   a. Understanding child-care practices.
   b. Develop some competency in buying and preparing food.
   c. Develop good housekeeping practices.
   d. Knowing how to spend money wisely.
5. Number concepts.
   a. Using number skills in solving everyday problems drawn from his environment.
   b. Using coins and bills of any denomination.
   c. Knowing how to compare values and prices when shopping.
   d. Being able to budget available money.
   e. Developing some understanding of installment buying.
   f. Knowing how to read timetables and schedules.
6. Perceptual and motor skills.
   a. Provide activities which improve physical fitness.
   b. Encourage team games emphasizing both skills and cooperation.
   c. Develop recreational skills which will be enjoyable in adulthood.

Senior High Level. Pupils at the senior high level will have chronological ages of 16, 17, 18, 19, 20, or 21 years and mental ages ranging from 8 to about 14 years. At this level, the emphasis should be on using and strengthening basic skills and on helping each pupil develop the social and vocational competence to become a productive member of society.

1. Communication skills.
   a. Developing maximum efficiency in listening, speaking, reading, writing, and spelling with emphasis on the use of skills needed in the economic and social environments.
   b. Reading and following directions.
   c. Using the library (school and community).
   d. Speaking before others with ease and confidence.
2. Social competencies.
   a. Each child understanding himself as he relates to the economic and social environment.
   b. Accepting responsibility as a citizen in the school, the community, and the nation.
   c. Attaining a realistic concept of abilities and limitations.
   d. Dressing appropriately and attractively.
   e. Understanding and accepting the social, moral, and legal standards of society.
   f. Observing safety rules.
   g. Knowing and discussing important current events.

3. Number concepts.
   a. Using fundamental arithmetic skills.
   b. Using ordinary measuring devices.
   c. Keeping a bankbook and checking account.
   d. Preparing income tax forms.
4. Perceptual and motor skills.
   a. Understanding and appreciating spectator events.
   b. Developing worth-while leisure time activities.
   c. Continuing physical fitness program.
   d. Driver education program.

Vocational Orientation of Program

A meaningful program should emphasize the development of skills, attitudes, and competencies which will enable these pupils to obtain and hold a job. The development of these skills, attitudes, and competencies should begin at appropriate levels in the instructional program. Emphasis on attitudes and good work habits will begin at the preschool or primary level and continue through the secondary level. Emphasis on specific skills and competencies may begin at the junior high level.

A vocational program is concerned with more than the development of specific skills. Each individual needs to know the proper ways of behaving on a job, he must have good attitudes and work habits, and he should see the importance of his job. Studies show that most retarded individuals are unable to hold a job because of undesirable work habits rather than their inability to perform the required task. Some specific attributes will enhance the worker's ability to hold a job:

1. Acceptable personal appearance at all times.
2. Promptness and regularity on the job.
3. Compatibility with fellow workers and employers.
4. Care of tools, machines, and materials on the job.
5. Observance of safety rules in working situations.
6. Skills necessary to perform assigned tasks.

The development of good attitudes, behavior patterns, and work habits is of utmost importance and cannot be taught or learned in a short period of time. Thus, the total educational program of the retarded individual must be geared toward helping him acquire those attitudes, skills, and competencies that will enable him to become a productive member of our society.

Reporting to Parents

An important aspect of the program is informing parents concerning the performance of their child. The role that the parents play in the life of a child is of greatest importance. If they understand the program and are aware of the child's progress and his problems, they can give support to the teacher in supporting and strengthening the child's educational program.

The use of report cards is one method of reporting to parents. It is generally felt that report cards which are used in the school system for regular classes should also be used for classes for educable mentally retarded. Grades should be given according to the child's ability. In this way, he is competing with himself rather than with other children. Letters of explanation or notes from the teacher may be included when necessary.

Parent-teacher conferences have proved to be quite effective in reporting on the performance of a child and in explaining the purpose of the program to parents. Some school systems schedule days for parent conferences during the school year. Home visits should be scheduled in advance. Home visits can provide teachers with an insight into the behavior and problems of a child which may not become apparent at a conference held at school. School conferences and home visits should not be used exclusively to discuss problems.

Other methods have been found to be helpful in reporting a child's performance to parents. Individual folders containing samples of the child's work throughout the year are evidence of the child's improvement or lack of improvement. Reporting can also be done through art shows, school plays, etc. Checklists may give an indication of a child's performance in the classroom.

The important thing to remember is that the parents and the teacher are concerned with giving the child the best educational program possible. Cooperation in reaching this objective is more nearly insured when the parents are fully informed about the purposes of the program and the performance of their child in this program.

PART II

PROGRAM FOR SEVERELY MENTALLY RETARDED (TRAINABLE)

Goals of the Training Program

The emphasis of the program for severely mentally retarded children should be on the acquisition of knowledge, habits, skills, and attitudes which will enable these children to achieve a degree of independence in home, school, and community life. It must be recognized that severely retarded (trainable) children will achieve only a limited degree of independence and competitive productivity. They will also be limited in the degree to which they can assume marital and family responsibilities and in their understanding of social behavior.

Administration of the Program

Identification

Screening and Referral. Children suspected of being severely mentally retarded are usually referred by physicians, parents, or teachers because of a medical diagnosis or lack of normal progress in mental, social, or educational growth. Marked deviations in mental and physical development are characteristic of trainable children. If enrolled in school, the trainable child is marked by failure to make normal school progress, inability to conform to routines, poor group relationships, and dependent behavior.

Referral of a child suspected of being severely retarded should be made to the principal of the school in which the class is located or the principal of the school the child attends. He should be responsible for sending the referral through the proper channels to secure the evaluation necessary to establish eligibility.

A conference with the parents should be arranged as soon as possible after the referral has been initiated. It is suggested that the initial contact be made by someone knowledgeable about special education programs and skilled in working with parents. The purpose of this conference is to explain to the parents the need for a complete evaluation of the child as an aid in educational planning. The emphasis here should be on the child and his need for special help and not on the possibility of special class placement.

The involvement of the parents in the evaluation process is essential. They should be given an explanation of the procedures to be followed and should understand their responsibilities in this process. It is desirable that permission of the parents be obtained for psychological evaluation and physical examinations. Several conferences may need to be held with parents before they can accept the need for an evaluation. Initial resistance of parents to accepting the possibility of retardation is normal and should be handled with patience and understanding.

An additional conference should be held after the evaluation is completed to interpret the findings to the parents. The educational implications of the evaluation and recommendations for special class placement (if indicated) should be shared with the parents. Permission for placement and plans for future parental involvement should be made at this time.

The special class teacher may wish to schedule other conferences with the parents. The parents can provide much information concerning the child which will be helpful to the teacher in understanding the child's learning and behavior patterns.

A complete physical examination is required as a part of the evaluation process. This examination should identify any physical impairments which may contribute to the child's learning difficulties. Corrective measures should be taken when recommended by the physician. Physical examinations may be done by licensed private physicians or the local Public Health Department.

Educational and social information is needed as another aid in determining the appropriate educational placement of the child. Some possible sources of relevant educational and social information are: cumulative records; records of pre-school placement such as day-care or kindergarten; conferences with other professional persons such as a doctor, nurse, etc.; information from parents.

A psychological evaluation must be provided to assess the child's current intellectual functioning. A description of the behavior of the child as well as the medical information will assist the psychologist in evaluating the child. The psychological report should describe the child's approaches to learning and should provide specific educational directions. The report should indicate the current emotional needs of the child and suggest possible ways of meeting these needs. Time should be provided for the psychologist to share his findings with parents, teacher, principal, etc. Psychological evaluations may be obtained through the State Department of Education, local Mental Health Centers, approved psychologists employed by local school systems, approved licensed psychologists, and approved licensed psychological examiners.

Eligibility and Placement. Eligibility of psychologically exceptional children for special education services is determined on the basis of psychological evaluation, medical diagnosis and information, and educational and social evaluations. No single characteristic will be utilized as the sole determining factor.

To be eligible for placement in a special class for severely mentally retarded (trainable) children, a child shall have a level of mental ability of less than 50% of average normal intelligence as determined by a qualified psychologist or psychological examiner. No child should be placed in a special class until legal eligibility has been established.

Placement of a child in a special class for trainable children should be determined by consideration of the following factors:

1. Psychological evaluation.
2. Medical diagnosis and information.
3. Ability to respond to simple directions.
4. Ability to communicate needs.
5. Ability to profit from group experiences.

Other factors which should be considered in making the decision might be: recommendations of the psychologist or psychological examiner; parental approval in making the decision; composition of available classes (age, level of functioning, class size, etc.); distance involved and availability of transportation to an appropriate class; ability of the special class teacher to integrate the child into the present group.

At the discretion of the local school system, a placement committee may be established to make recommendations to the superintendent concerning special class placement and to make provision for further evaluation and services when needed.

When eligibility has been established and placement has been recommended, approval shall be obtained from the State Department of Education.

Periodic re-evaluation of children in the program should be conducted.

Class Size

A teaching position is determined on the average daily attendance for the first three months of the current school year. A minimum of eight eligible children in average daily attendance is necessary to maintain a full teaching position for severely mentally retarded (trainable) children.

The State Board of Education sets no maximum enrollment, but it should be emphasized that the purpose of the class is defeated when enrollment becomes too large. No more than sixteen children should be enrolled in a class for trainable children at any one time. In school systems where the classes are not organized according to levels, the recommended class enrollment is 12. This is because of the range of ages and ability levels which will be found in these classes.

Organization of Levels of Instruction

In the organization of classes, the school system must give consideration to chronological age, mental age, physical size, coordination, level of achievement, and social and emotional adjustment. Suggested levels of instruction where feasible are:

Primary	CA 6 - 12
Intermediate	CA 12 - 16
Secondary	CA 17 - 21

Because of the small number of trainable children, it is often impractical for some school systems to operate several classes that are organized on different levels of instruction. Thus, children of all ages and levels of functioning are frequently found in the same class in many school systems.

Two or more county, city, or special school districts may establish special classes through cooperative contract in instances where there are not sufficient numbers of students to warrant the establishment of such a class. A local school board may also contract with a suitable private institution or organization located in the same county for the provision of approved facilities and services for exceptional children. If these contracts or agreements are to be continued, approval must be secured from the State Commissioner of Education annually.

Length of School Day

The length of the school day is the same as for all other classes in the school system. The teachers shall be on duty at least seven hours per day and such additional time as the school system requires. The actual time that pupils are expected to be in school is at least 6 1/2 hours. Modifications for individual pupils may be granted as deemed necessary by the local board of education.

The Teacher

Teachers of classes for severely mentally retarded (trainable) children are required to hold a valid Tennessee teaching certificate. Tennessee has requirements for certificate endorsement for teachers of educable mentally retarded, but this training will not suffice for a teacher of severely mentally retarded (trainable) children. While certain basic requirements might be the same, some different competencies are needed in order to work effectively with severely mentally retarded children. It is generally agreed that the following specialized coursework is needed.

1. Survey course in exceptional children.
2. Nature and needs of the mentally retarded.
3. Educational procedures for severely mentally retarded.
4. Speech and language development.

It is also agreed that there are many other courses which would help prepare a teacher to work more effectively with severely mentally retarded children. Some of these courses are:

1. Child development.
2. Child psychology.
3. Educational psychology.
4. Early childhood education.
5. Principles of counseling with emphasis on parent counseling.
6. Physical education (methods and techniques of improving motor skills).

The teacher selected to work with trainable children should have leadership ability, a pleasant personality, and the ability to adapt to a given situation. She needs to have an acceptance of and an interest in children with handicapping conditions. Her competencies should include:

1. Understanding the child and his deviations.
2. Knowledge of special teaching methods.
3. Ability to guide children with problems arising from their handicaps.
4. Ability to select and use specialized equipment and materials.
5. Ability to work with adults and community organizations.
6. Understanding of secondary deviations or multiple handicaps.

Curriculum

The curriculum should be flexible and should be adapted to the individual needs, interests, and abilities of each child in the program. Any public school system which operates a program for severely mentally retarded (trainable) children must develop appropriate teaching guides. These shall include objectives, content, methods, materials, and activities toward social adjustment; language development; personal, health, and safety routines; related experiences leading to optimal community and family adjustment; and provision for evaluation.

Physical Facilities

All physical facilities used for classes for trainable children must meet the requirements specified in Part III of Rules, Regulations, and Minimum Standards.

Classes for trainable children should be housed in facilities that are equal to and as accessible as those used by regular classes. More space per child is needed in classes for the mentally retarded than is needed for children in regular classes because of the individualized instruction and the varied activities which should be planned for these children. Suitable furnishings should be provided to meet the needs of the individual students. Classrooms should be provided with adequate storage space, wash basins, and toilet facilities.

State Support

Severely mentally retarded children are eligible for services and funds on the same basis as all other children in the school system. They are counted in the ADA of a school and in the total ADA of a school system. They are entitled to Minimum Foundation Program Funds on the same basis as other children in the school system.

In addition to this, the school system may claim Excess Cost Funds for eligible children. This cannot exceed three hundred dollars per year per exceptional child.

1. Local boards of education may be reimbursed for approved expenditures for special equipment, materials, and supplies. The maximum amounts allowed are one hundred dollars for an existing or old SMR class and two hundred fifty dollars for a new SMR class.
2. Local boards of education may be reimbursed for pre-approved expenditures for special transportation. Approval for special funds in transportation is granted on an individual basis, after consideration of the type of service necessary, the availability of equipment for this service, and the need for this type of service. Special transportation expenditures must meet the requirements as established by the State Board of Education.
3. The services of an attendant are recommended for the physical management of trainable children. Reimbursement can be made from Excess Cost Funds for this service for each school day provided that such reimbursement does not exceed ten dollars per day per attendant. Attendants must have not less than a high school education or an equivalency high school diploma. They shall have had some experience so that with appropriate training they may serve in the specific role for which they will be employed.

Other Personnel

Role of the Superintendent. In Tennessee, the superintendent is responsible for the overall guidance and continual evaluation of the total school program. Only school board action as implemented by the superintendent can establish programs for severely mentally retarded at the local level. Responsibilities of the superintendent include:

1. Seeing that provisions are made for meeting the educational needs of exceptional children.
2. Developing positive attitudes toward special education programs.
3. Staffing special education programs with qualified personnel.
4. Providing adequate financing, appropriate facilities, and necessary equipment, materials, and supplies.

Role of the Supervisor. The supervisor assumes those responsibilities for special education which are delegated to him by the superintendent. These responsibilities might include:

1. Developing appropriate screening, referral, and placement procedures.
2. Securing necessary data to establish eligibility.
3. Establishing and implementing an appropriate instructional program.
4. Assisting with decisions relating to the provision of appropriate facilities, equipment, materials, and supplies.

5. Assisting teachers, principals, and parents in providing needed services for handicapped children.
6. Developing evaluation techniques and procedures relating to individual pupil progress as well as to the effectiveness of the total program for severely mentally retarded.
7. Using appropriate techniques to improve and expand existing programs and services.
8. Developing and maintaining lines of communication.
9. Developing and maintaining good working relationships with public agencies, private agencies, and other community groups.

Role of the School Principal. The school principal is responsible for all programs serving children in his school. This includes providing direct supervision to those special education teachers within his school. He is responsible for seeing that special education is an integral part of the total school program. Other responsibilities might include:

1. Assisting the supervisor and teacher in providing an appropriate program for these children.
2. Assisting in developing and implementing appropriate screening, referral, and placement procedures.
3. Helping with the collection of the information necessary to establish eligibility.
4. Assisting with decisions related to the provision of appropriate facilities, equipment, materials, and supplies.
5. Developing evaluation techniques and procedures relating to individual pupil progress as well as to the effectiveness of the total program for the severely mentally retarded.
6. Developing and maintaining good working relationships between school personnel, public and private agencies, and other community groups.
7. Securing other services needed for handicapped children.

Role of the Counselor. The counselor has the responsibility of providing needed services to children in special education programs as well as to children in the regular program. He can assist in the interpretation of the program to parents, community, etc.

Role of the Psychologist. The psychologist is responsible for the administration of a psychological evaluation which helps determine eligibility for special education services. He recommends the type of educational program which he feels the child needs. He can provide specific educational directions. He schedules case conferences to share his findings with parents and school personnel.

Role of the State Department of Education. The State Department of Education, Division of Instruction, Area of Special Education provides leadership for the establishment, maintenance, and operation of programs for the severely mentally retarded.

The Area of Special Education provides personnel at the regional level to assist and support local school systems in the planning, establishment, operation, evaluation, expansion, and upgrading of programs for the severely mentally retarded within the framework of the Rules, Regulations, and Minimum Standards of the Tennessee State Board of Education. Leadership is provided in the collection, evaluation, and dissemination of information concerning promising practices in the field of mental retardation throughout the state.

Ancillary Personnel. Attendance teachers, school social workers, school nurses, and other school personnel have competencies which could be helpful in providing services to the severely mentally retarded. The extent of the services that these school personnel will provide depends upon the responsibilities assigned by the local school system. It is suggested that the local school system give consideration to a planned involvement of all appropriate school personnel in the special education program.

Instructional Program

Guidelines for Teaching

The program for the severely retarded child is a training program rather than an academic program. Emphasis should be placed on the development of skills needed in living and working in sheltered environments. Knowledge of each child as an individual is one of the first prerequisites of providing an appropriate training program. The teacher should use all available information to find the strengths, weaknesses, attitudes, interests, and behavior patterns of each child. Sources of information might include psychological evaluations, cumulative records, medical records, social workers' reports, and other pertinent information from home, school, and community.

It is generally recognized that many of the methods of instruction which are used with normal children are not effective with retarded children; therefore, special techniques and methods must be used in providing an appropriate program. While each trainable child is different, there are some principles generally applicable to his training.

1. A positive approach should be used, emphasizing what the child can do instead of what he cannot do.
2. Instruction must be structured and sequential with no gaps to be filled in by the child.
3. Instruction must be adapted to each child's developmental level.
4. Material must be presented at a slow rate.
5. Activities should be of brief duration (15 minutes) because of short attention span.
6. Periods of activity and quiet should be alternated.
7. Limits of behavior must be established and free time kept to a minimum.
8. Material to be learned must be presented in a variety of ways.
9. The program must be kept flexible in order to meet needs that arise.
10. Classroom activities must provide opportunities to apply learned skills.
11. Learning must be reinforced by using a variety of sense modalities.
12. The severely retarded child, in contrast to the average child, seems to learn little incidentally as compared to what he can learn through direct teaching.
13. Even though practice and drill are essential for severely retarded children, frequent repetitions with no variations in procedure may be of negative value as it encourages perseveration.
14. There must be provision for individualizing instruction as well as provision for group activities.

A teacher will find the mental age (MA) of more value than the IQ in planning an appropriate program for a child. IQ is an indication of the child's rate of development, while MA tells at approximately what level the child should be functioning. Thus, a child whose MA is 4 should be achieving at about the same level as a normal child of 4 although his chronological age (CA) may be 9 or 10. A teacher can calculate the current MA of each of her pupils when she knows the IQ and CA. This should be done at the beginning of each school year in order to plan an appropriate program for each child. Mental age may be computed by using the following formula: $MA = \frac{IQ \times CA}{100}$

General Goals

The overall goal of the SMR school program is to develop in the child a pattern of behavior which will make him as independent as possible in his environment. This can be achieved by:

1. Helping the child attain acceptable personal and social adjustment by developing self-help and social skills.
2. Providing opportunities which encourage the development of communication skills.
3. Helping the child acquire a realistic and positive self-image.
4. Helping the parents understand and accept their child and his problems.
5. Encouraging the child to acquire some appropriate leisure-time activities.
6. Providing opportunities which encourage independence in work-oriented situations.
7. Preparing the child for productive employment in a sheltered environment.

Curriculum

A curriculum guide is an organized plan for implementing the general goals of the program. It must be sequential so that there is orderly and systematic progress from one level of instruction to the next. It must be flexible and must be developed in such a way that it will meet individual as well as group needs.

After major curriculum goals have been established, there must be a sequence of specific objectives or subgoals which lead to the attainment of each major goal. These objectives or subgoals must have sufficient scope to encompass all learning experiences thought to be necessary for the attainment of a major goal. Activities are then planned in a sequential order so that these subgoals may be reached.

Many of the subgoals for the severely mentally retarded may be included in these major curriculum areas: (1) social adjustment; (2) language development; (3) personal, health, and safety routines; and (4) related experiences.

Social Adjustment. Social adjustment is a vital aspect of the program for trainable children. Long before self-help skills have become perfected, there is a need for social skills and for the ability to make adequate adjustment to the environment. The development of socially acceptable behavior will help these children conform to a pattern of living that will be helpful to them in the various roles that are expected of them. In this program emphasis should be placed on:

1. Developing within the child an understanding of his role in his home and family, in his school, and in his community.
2. Providing experiences which help the child develop feelings of self-esteem, worth, and identity.
3. Developing within the child an acceptable moral code.
4. Developing the flexibility to accept environmental changes.
5. Helping the child learn to behave in a socially acceptable manner.
6. Developing a respect for the rights and property of others.
7. Developing the ability to cooperate in group situations.
8. Helping the child learn to practice habits of common courtesy.
9. Helping the child learn to receive and to give help.
10. Providing opportunities to help the child learn to obey the rules and laws of society.

Language Development. Language development is one of the most important parts of the school program for trainable children. A trainable person can learn much more about his environment and the people he meets if he understands oral language. Other people will understand and accept him more readily if he can communicate with them verbally, even though his speech may be simple. Oral language will make it possible for the retardate to adjust more adequately to his home and to his community. In the development of language, emphasis should be placed on:

1. Improving self-expression and communication skills.
2. Improving listening skills.
3. Stimulating auditory memory and discrimination and visual memory and discrimination.
4. Strengthening and increasing the speaking vocabulary with emphasis on functional "everyday language."
5. Developing an awareness of speech as a means of influencing the actions of others.

Personal, Health, and Safety Routines. Training in personal, health, and safety routines provides a continuation of practices that the child has already begun to learn. The ability to perform these routines adequately makes the child more acceptable to other people. Some proficiency in caring for his own basic needs makes him less of a burden to his family. Success in learning to perform these skills can help the child develop feelings of self-esteem and confidence. The self-help

skills represent skills that an individual must acquire so that he can respect himself as an individual and can participate in his environment. Emphasis should be placed on:

1. Developing self-help skills such as toileting, feeding, and dressing.
2. Developing self-care skills such as washing, good grooming, brushing teeth, using handkerchief, etc.
3. Helping the child learn and practice proper care of clothing and personal belongings.
4. Providing experiences which encourage the child to recognize himself as an individual with rights, responsibilities, and possessions.
5. Helping the child to understand and observe safety rules in the home, school, and community.
6. Helping the child develop adequate nutritional habits.
7. Providing activities which encourage the development of a sense of personal responsibility.
8. Helping the child learn to read signs essential to safety such as poison, danger, stop, etc.

Vocational Skills. An appropriate program should emphasize the mastery of meaningful skills and competencies which will enable these pupils to obtain and hold a job in a sheltered environment. The teaching of meaningful skills and attitudes should be at appropriate levels of the instructional program. The desired objective is placement in a sheltered workshop situation.

A vocational program is concerned with more than the development of specific skills. The development of good attitudes, behavior patterns, and work habits is of utmost importance. This includes the ability to follow directions, the ability to work alone, the responsibility of contributing to group undertakings, and habits of promptness, carefulness, and neatness. Attention should be given to:

1. Developing some ability in simple number skills including telling time, using money, simple measurements, and using the telephone.
2. Developing functional reading skills such as being able to read labels, signs, and names.
3. Developing basic writing skills including the ability to write his name, address, and telephone number.
4. Developing simple homemaking skills which include cooking, sewing, cleaning, and yard care.
5. Helping the child learn how to use tools and make simple repairs.

Physical Development. Physical education time at school is not just a time to develop muscles. Properly planned and directed motor activities will enable the child to use his body in a more efficient manner. The aim is to improve the basic motor skills and fundamental body movements

and to improve general health. This will enable the child to relate more effectively to the world around him. During this period the child can enjoy success and become a contributing member of a group. Emphasis should be placed on:

1. Helping the child develop body awareness, body-image, and dominance.
2. Providing activities designed to develop balance, laterality, and directionality.
3. Providing training in visual-motor coordination.
4. Providing activities which help the child develop control of gross and fine muscle movements.
5. Providing success experiences through games and physical exercises to promote better socialization.

Arts and Crafts. Exploring, experimenting, discovering, and achieving in art leads toward physical, emotional, and mental growth in social skills and communication. Art can be used constructively at all levels to:

1. Provide personal enjoyment and accomplishment.
2. Improve the ability to work with others.
3. Occupy leisure time meaningfully.
4. Develop good work habits.
5. Serve as training for workshop activities.
6. Develop better motor coordination and visual perception.
7. Stimulate creativity.
8. Provide the opportunity to release emotions and tensions.

Music. In the school program for the trainable child, music serves as means to an end, rather than as an art to be perfected. Body rhythms and vocalizing (crying and laughing) are natural forms of expression for any human being. Responses to music require less conscious intellectual effort than most other forms of expression. Music is employed in all aspects of the program for retarded children to:

1. Provide pleasure.
2. Develop the auditory senses and abilities.
3. Improve speech patterns.
4. Encourage the art of listening.
5. Improve motor coordination through rhythmic activities.

Reporting to Parents

An important aspect of the program is seeing that parents are informed concerning the performance of their child. The role that the parents play in the life of a child is of greatest importance. If they understand the program and are aware of the child's progress and his problems, they can give support to the teacher in strengthening the

child's training program. It is especially important that the teacher and parents of a trainable child work cooperatively so that their efforts will be mutually reinforcing.

Parent-teacher conferences have proved to be quite effective in reporting on the performance of a child and in explaining the purpose of the program to parents. Some school systems schedule days for parent conferences during the school year. Home visits should be scheduled in advance. Home visits can provide teachers with an insight into the behavior and problems of a child which may not become apparent at a conference held at school. School conferences and home visits should not be used exclusively to discuss problems.

Other methods have been found to be helpful in reporting a child's performance to parents. Individual folders containing samples of the child's work throughout the year are evidence of the child's improvement or lack of improvement. Reporting can also be done through art shows, school plays, etc. Checklists may give an indication of a child's performance in the classroom.

The important thing to remember is that the parents and the teacher are concerned with giving the child the best educational program possible. Cooperation in reaching this objective is more nearly insured when the parents are fully informed about the purposes of the program and the performance of their child in this program.

PART III

EVALUATION

Tool for Decision Making

The purpose of evaluation is to get information for making decisions. A carefully planned and well-executed evaluation design should be the basis for determining the effectivensss of a program. Through the use of such a design the strengths and weaknesses of a program will become apparent, and changes can be made as indicated. Evaluation provides the information needed to determine whether a program should be continued or discontinued. If the decision is made to continue the program, the evaluative information can indicate changes that should be made in order to have a more effective program. Good use of information provided by an appropriate evaluation design should enable educators to plan and implement a more appropriate educational program for boys and girls.

Continuous Process

Evaluation is an integral part of a program and is an on-going process which is built into the program from its inception. This continuous monitoring can help to identify a potential problem before it actually causes failure. It should also enable the detection of areas where improvements can be made without waiting until the project is completed. This monitoring provides an opportunity for a continuous examination of goals and objectives as well as the methods and activities used to achieve the objectives.

Reflection of Objectives

Plans for the evaluation of a program should be made when the program is begun. The evaluation procedure should match the program's objectives. Where the program is designed to make specific changes in children, these changes should be the basis for evaluation.

An understanding of prior conditions may establish bench marks and make it possible to provide clear evidence of change; so an attempt should be made to gather all kinds of useful information before the program is started. The objectives of the program should then be determined. These objectives must be both realistic and relevant. In order to determine if the objectives have been reached, it is necessary to collect information that is related to the objectives.

It is evident that the choice of objectives will influence the collection of data. We must look for evidence that will give us some proof about the degree to which the objectives have been accomplished.

Every teacher is capable of collecting the data needed to measure progress toward objectives. Both objective and subjective measures may be used. Some of the following techniques may be effective.

1. Checklists.
2. Parental judgments and opinions.
3. Anecdotal records.
4. Pre- and post tests.
5. Standardized tests.
6. Questionnaires.
7. Opinionnaires.
8. Case studies.

The Total Program

The total program for mentally retarded children must be evaluated. While the focus is upon this whole, variables which make this whole must not be lost. Three major variables which will be considered briefly are: instruction, pupils, and teachers.

After determining the current needs, the objectives of the program are stated. These objectives are outgrowths of the thinking about the nature and purpose of the program. These general objectives are then refined and broken down into specific or short term objectives. As these objectives are considered, there are some questions which should be asked:

1. Are these objectives realistic?
2. Are these objectives relevant?
3. Are these objectives attainable?
4. Do these objectives facilitate progress toward the overall goals?

Then the methods and materials used to achieve these objectives must be considered.

1. Are the methods appropriately selected so that the objectives may be attained?
2. Are the methods geared to the needs and abilities of the pupils?
3. Would other techniques or approaches be more effective?
4. Do the activities selected enable children to make progress toward the objectives?
5. Are there deficiencies in some areas of instruction?
6. Is the material selected appropriate?

The ultimate test of a program's effectiveness is the extent to which it has changed the behavior and capabilities of children. Pupil changes are dependent upon the objectives and the activities which are selected. Individual pupil changes as well as group changes should be considered.

1. Does the group as a whole show progress toward the selected objectives?
2. Are the objectives selected appropriate for the needs of the group?
3. How does the class respond to certain activities?
4. Did the group participate and become involved in the planned activities?
5. What changes might make the activities more effective?
6. Did each pupil show progress toward the selected objectives?
7. Are the teaching methods and materials appropriate for each child?
8. Is there an attempt to individualize instruction?
9. If some children show lack of interest and do not participate in group activities, does the teacher use other techniques to motivate them to increase participation?
10. Does the teacher try to capitalize on the interests of the children?

The teacher is the key person in planning and carrying out an appropriate and effective instructional program. It is possible for a school system to have a well-developed curriculum guide and good supervisory personnel and still have an inadequate instructional program for mentally retarded children. The program will not be a success unless the teacher is understanding, interested, cooperative, and well trained. Each teacher might ask herself the following questions:

1. Am I providing an appropriate educational program for my pupils?
2. Am I using all available means of making the program more meaningful and interesting to my pupils?
3. Am I continuing my professional growth?
4. Am I continuing to look for more effective ways of teaching?
5. Does my program meet the needs of every pupil or most of them?
6. Am I really interested in every child in my class?
7. Do I have a good relationship with the principal and the rest of the faculty?

This section on evaluation is not intended to provide a "cook book" method of evaluating the program for mentally retarded children. Nor is it intended to be an all-inclusive discussion of evaluation procedures. It is intended to emphasize the importance of evaluation in decision making and to provide some guidelines which might prove helpful in the evaluation of programs by local school systems. It is hoped that every administrator and teacher involved in a program for mentally retarded children will take a closer and more objective look at their own program. It is further hoped that the questions asked will lead to other questions which should be asked about each program as there is a continual effort to strengthen and improve the educational program for retarded children.

APPENDIX

Services to the Retarded*

State Agencies

DEPARTMENT OF CORRECTION
Commissioner: Lake F. Russell

The Department of Correction receives, confines, and secures those individuals who are tried, convicted, and committed by criminal and juvenile courts.

DEPARTMENT OF EDUCATION, DIVISION OF INSTRUCTION, AREA OF SPECIAL EDUCATION
Commissioner: J. Howard Warf

The State Department of Education assists local public school systems in providing special instructional services for psychologically exceptional children in the area of mental retardation.

DEPARTMENT OF EDUCATION, DIVISION OF VOCATIONAL REHABILITATION
Commissioner: J. Howard Warf

Vocational Training Centers

Camden Center	-- P. O. Box 188, Cherokee Street, Camden 38320
Clarksville Center	-- 136 Tenth Street, Clarksville 37040
Columbia Center	-- P. O. Box 971, Columbia 38402
Cookeville Center	-- 255 S. Willow Street, Cookeville 38501
Dyersburg Center	-- U. S. Highway 51, Dyersburg 38024
Elizabethton Center	-- 100 "E" Street, Elizabethton 37643
Franklin Center	-- Columbia Pike, Franklin 37064
Jackson Center	-- 333 Hollywood Drive, P. O. Box 326, Jackson 38301
Lafayette Center	-- 310-B Church Street, Lafayette 37083
Manchester Center	-- 805 Woodbury Pike, Manchester 37355
Maryville Center	-- Trundle Building, 1500 Broadway, Maryville 37801
Morristown Center	-- 536 S. Hill Street, Morristown 37814
Murfreesboro Center	-- 631 Vine Street, Murfreesboro 37130
Shelbyville Center	-- 427 E. Depot Street, Shelbyville 37160
Winchester Center	-- 501 Ninth Avenue S.W., Winchester 37398

GOVERNOR'S COMMITTEE -- EMPLOYMENT OF THE HANDICAPPED
201 Capitol Towers, Nashville 37219

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*For a more complete listing, refer to Mind over Matter, Volume 13, Number 4, December 1968, published by the Tennessee Department of Mental Health.

DEPARTMENT OF EMPLOYMENT SECURITY
Commissioner: Mrs. Leo Burson

The Department of Employment Security assists individuals in finding employment and assists employers with finding suitable employees.

DEPARTMENT OF MENTAL HEALTH
Commissioner: Dr. Frank H. Luton

The Department of Mental Health provides diagnosis and evaluation, hospitalization, programming, treatment, care and rehabilitative services for the mentally retarded.

Residential Facilities for the Retarded
Clover Bottom Hospital and School, Donelson 37214
Greene Valley Hospital and School, Greeneville 37743
Arlington Hospital and Schook, Arlington 38002

DEPARTMENT OF PUBLIC HEALTH
Commissioner: Dr. Eugene Fowinkle

The purpose of the Division of Medical Care and Crippled Children's Service is to locate and maintain a register of children from birth to 21 years of age who are suffering from handicapping conditions; to provide comprehensive medical care in order to habilitate or rehabilitate handicapped children.

DEPARTMENT OF PUBLIC WELFARE
Commissioner: Herman Yeatman

The purpose is to strengthen and maintain family life and assist individuals in achieving a level of functioning, both socially and economically, consistent with their capabilities.

YOUTH GUIDANCE

The purpose is to collect facts, coordinate services, make studies and recommendations in the field of health education and welfare as they affect children and youth.

Service Agency

THE TENNESSEE ASSOCIATION FOR RETARDED CHILDREN AND ADULTS

This association represents the interests of the mentally retarded in relation to public officials, the legislature, and other voluntary organizations which operate on a state-wide scale. The local associations try to meet the immediate and future needs of the retarded person and his family at the point where they arise. They also participate in and support the program of the State and National associations.

Day-Care Services

Activity Center of the Hawkins County Association for the Retarded, Inc., The Rogersville Methodist Church, Rogersville 37857

Anderson County Association for Retarded Children Nursery for Handicapped and Exceptional Children, Donora Hall, Oak Ridge 37830

Blount County Cerebral Palsy Center, Birch Street, Alcoa 37701

Clover Bottom Hospital and School Day-Care Center, Stewart's Ferry Pike, Donelson 37214

Dawn of Hope Development Center, Inc., c/o St. John's Episcopal Church, N. Roane Street, Johnson City 37601

Day-Care Center, The First Presbyterian Church, 600 W. Main, Morristown 37813

Day-Care Center for Retarded Children, 3328 Fairmont Drive, Nashville 37214

Donelson Child Development Center, 2501 Lakeland Drive, Nashville 37214

Duration Club's Pre-School for the Mentally Retarded, 1962 Peabody, Memphis 38104

Inglewood Day-Care Center, Inglewood Presbyterian Church, 1440 McGavock Pike, Nashville 37206

Jackson-Madison County United Cerebral Palsy Center, 226 W. King Street, Jackson 38301

Knoxville Cerebral Palsy Center, 1919 Laurel Avenue, Knoxville 37916

North Nashville Day-Care Center for Severely Retarded Children and Adults, 1602 Heiman Street, Nashville 37208

Operation Crossroads Rehabilitation Center (Child Study Center-Siskin Foundation), 529 Oak Street, Chattanooga 37403

Orange Grove Center, 1002 E. Main Street, Chattanooga 37408

Knoxville Nursery Schools, 101 E. Fifth Avenue, Knoxville 37917

Little City of the Mid-South, Inc., 1100 Vollintine, Memphis 38107

Peter Pan School for Special Children, Trinity United Methodist Church, 524 Tusculum Boulevard, Greeneville 37743

School for Handicapped, Wilson Avenue at Cedar Lane, Tullahoma 37388

United Cerebral Palsy Association of Memphis and Shelby County Tennessee, Inc., 2020 Court Avenue, Memphis 38104

Pre-School Development Center, United Cerebral Palsy of Greater Chattanooga, Inc., 400 Glenwood Drive, Chattanooga 37404

Diagnosis-Evaluation-Programming Centers

Arlington Hospital and School (Developmental Evaluation Center), Arlington 38002

Bristol Hearing and Speech Center, Bristol Memorial Hospital, Bristol 37620

Bill Wilkerson Hearing and Speech Center, 19th Avenue South at Edgehill, Nashville 37212

Chattanooga-Hamilton County Speech and Hearing Center, 529 Oak Street, Chattanooga 37403

Child Development Center, UT College of Medicine, 22 N. Pauline Street, Memphis 38105

Clover Bottom Hospital and School Diagnostic and Evaluation Center, Stewart's Ferry Pike, Donelson 37214

Daniel Arthur Rehabilitation Center, Emory Valley Road, Oak Ridge 37832

Greene Valley Hospital and School, Greeneville 37743

Memphis State University, Memphis Speech and Hearing Center, Inc., 807 Jefferson Avenue, Memphis 38105

Meharry Medical College, 1005 18th Avenue North, Nashville 37208
- Child Development Clinic for the Mentally Retarded, Meharry Medical College, Nashville 37208
- Diagnostic and Training Laboratory for Mental Retardation, Meharry Medical College, Nashville 37208
- Comprehensive Health Services Program for Children and Youth, Meharry Medical College, Nashville 37208

Peabody College, 21st Avenue South, Nashville 37212
- Child Study Center, 1125 19th Avenue South, Nashville 37212
- John F. Kennedy Center for Research on Education and Human Development, Box 325, Peabody College, Nashville 37212
- Demonstration and Research Center for Early Education (DARCEE), Box 151, Peabody College, Nashville 37212
- Institute on Mental Retardation and Intellectual Development (IMRID), 1211 18th Avenue South, Nashville 37212
- Institute on School Learning and Individual Differences, Box 99, Peabody College, Nashville 37212

Psychological Clinic, The University of Tennessee, 1303 W. Cumberland Avenue, Knoxville 37916

Speech and Hearing Center, East Tennessee State University, Johnson City 37601

Team Evaluation Center, Inc., Baroness Erlanger Hospital, 261 Wiehl Street, Chattanooga 37403

University of Tennessee Hearing and Speech Center, Stadium Drive at Yale Avenue, Knoxville 37916

Residential Facilities

Arlington Hospital and School, Arlington 38002

Cave Springs Home-School, Pegram 37143

Clover Bottom Hospital and School, Stewart's Ferry Pike, Donelson 37214

Crippled Children's Hospital and School, 2009 Lamar Avenue, Memphis 38114

The Durocher Home, Route 1, Whites Creek 37189

Greene Valley Hospital and School, Greeneville 37743

Happy Acres Custodial Home for Severely Handicapped, 3912 Raleigh Road, Memphis 38128

King's Daughters Hospital School, P. O. Box 295, West Ninth and School Street, Columbia 38402

The Louisa School, 512 N. Highland, Murfreesboro 37130

Martha's Vineyard School, Route 2, Adams 37010

Mur-Ci Home for Retarded Children, 2120 Murfreesboro Road, Nashville 37217

Orange Grove Center, 1002 E. Main Street, Chattanooga 37408

Workshops

Chattanooga Goodwill Industries, Inc., 3500 Dobbs Avenue, Chattanooga 37407

Dempster Memorial Workshop, Route 4, Knoxville 37914

East Park Workshop, Woodland Street, Nashville 37206

Emory Valley Sheltered Workshop, 724 Emory Valley Road, Oak Ridge 37832

Goodwill Industries, Inc., 138 White Bridge Road, Nashville 37209

Handicappers, Inc., Workshop Division, 1218 McGavock Street, Nashville 37203

Kingsport Center of Opportunity, Inc., Box 1331, Kingsport 37662

Memphis Goodwill Industries, Inc., 94 N. Second Street, Memphis 38103

Orange Grove Center Workshop, 917 E. 16th Street, Chattanooga 37408

Sheltered Occupational Shop, Inc., 616 Minor Street, Memphis 38111

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